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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)																	
Democratic Senatorial Campaign C	ommittee																
Full Name (Last, First, Middle Initial) A. William Torch	William Torch						Date of Receipt										
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Name of Employer Self-Employed	Occupation Physician																
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Full Name (Last, First, Middle Initial) B. John J Tupper	<u></u>	· · · · · · · · · · · · · · · · · · ·	D	ate of	Re	ceipt											
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Full Name (Last, First, Middle Initial) C. Phyllis Ulrich			D:	ate of	Re	ceipt											
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